

FILED FEB 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7840

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>8</u>				
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):						
a. COUNTY <u>Vernon</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Township</u>		c. CITY OR TOWN <u>Cassville</u>		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3 Nevada Mo.</u>				• STREET ADDRESS (If rural, give location) <u>RD 50,</u>						
3. NAME OF DECEASED (Type or Print) <u>Winford A. Cox</u>			a. (First)		b. (Middle)		c. (Last)			
4. DATE OF DEATH <u>Feb 12 1956</u>			5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>			
8. DATE OF BIRTH <u>April 8, 1898</u>			9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>3</u>		IF UNDER 1 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Daniel Cox</u>			13b. MOTHER'S MAIDEN NAME <u>Melissa Morgan</u>			14. NAME OF HUSBAND OR WIFE <u>Columbia Cox</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk.</u>			16. SOCIAL SECURITY NO. <u>unk.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital #3 Records. Nevada Mo.</u>			ADDRESS <u>Nevada Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Broncho-pneumonia</u>					<u>several days</u>		
			ANTECEDENT CAUSES							
			DUE TO (b) <u>Influenza</u>					<u>7 days</u>		
			DUE TO (c)							
			II. OTHER SIGNIFICANT CONDITIONS							
			Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arterio-Sclerosis</u>					<u>several years</u>		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>None</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE - HOMICIDE (Specify) <u>No</u>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>No</u>			21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Feb 2</u> , 1953, to <u>Feb 12</u> , 1956, that I last saw the deceased alive on <u>Feb 12</u> , 1956, and that death occurred at <u>5:25 p. m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>Sadie H. Wright, M.D.</u>			23b. ADDRESS <u>State Hospital #3 Nevada, Mo.</u>			23c. DATE SIGNED <u>Feb 12, 1956</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-15-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harper Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cassville, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>2-17-1956</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferris</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul D. Heubert Cassville, Mo.</u>					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Paul D. Hulbert*.....

Licensed Embalmer No. *457*.....

P. O. Address *Cassville*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.